

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

PRINTED: 08/29/2017

FORM APPROVED

OMB NO. 0938-0391

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|---|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                      |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>445159 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING  |  | (X3) DATE SURVEY COMPLETED<br><br>06/21/2017 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BETHANY CENTER FOR REHABILITATION AND HEALING LLC |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>421 OCALA DRIVE<br>NASHVILLE, TN 37211   |  |  |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   |  | (X5) COMPLETION DATE                         |
| F 371 483.60(j)(1)-(3) FOOD PROCURE, SS=F STORE/PREPARE/SERVE - SANITARY              | <p>(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by:<br/>Based on facility policy review, observation, and interview, the facility failed to maintain dietary equipment in a clean and sanitary manner, and failed to store and maintain frozen food in a sanitary manner in 1 of 1 dietary observations made; affecting 153 of 155 residents.</p> <p>The findings included:<br/><br/>Review of a facility policy Food Storage dated 9/2007, revealed "...Foods that are in direct</p> | F 371  | <p>1 of 4 work tables was immediately cleaned of all food debris. All other work tables were immediately inspected for food debris and no further issues were found.</p> <p>Tray line conveyor was immediately cleaned of all dried debris on the roller, sides and bottom.</p> <p>2 of 2 convection ovens were immediately cleaned of all thick burnt debris.</p> <p>3 of 6 dry food storage containers where immediately cleaned of all dried debris. The remaining food storage containers were immediately inspected for dried debris and no further issues where found.</p> <p>The dietary manager immediately removed meat slicer from service. Equipment was not needed for department. All remaining equipment was inspected for rust colored debris and no further issues were found.</p> <p>The two 10 pound Buffett Hams, six 8# Pork Loins and the five 5# rolls of Ground Beef were discarded immediately. All other freezer items were inspected and no further issues were found.</p> <p>Reviewed job responsibilities and cleaning schedules for all positions.</p> |  |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 371   | Continued From page 1<br>contact with freezer burn [ice crystals] will be discarded...Items removed from the original container, should be...labeled with the contents and date placed in storage..."<br><br>Observation with the Dietary Manager (DM) on 6/19/17 at 9:20 AM, in the dietary department, revealed:<br>A. 1 of 4 work tables with dried food debris on the table top and bottom shelves.<br>B. The tray line conveyor with dried debris on the rollers, sides, and bottom.<br>C. 2 of 2 convection ovens with thick burnt debris on the bottom of the ovens.<br>D. 3 of 6 dry food storage containers with dried debris.<br>E. The meat slicer blade with rust colored debris on the blade.<br><br>Observation with the DM, on 6/19/17 at 9:35 AM, in the freezer, revealed the freezer contained a build up of ice on the floor and on food items.<br>Interview with the DM identified the food items as:<br>A. Two 10 pound (#) Buffet Hams<br>B. Six 8# Pork Loins<br>C. Five 5# rolls of Ground Beef<br><br>Interview with the Dietary Manager on 6/19/17 at 9:50 AM, in the kitchen, confirmed the facility failed to maintain food service equipment in a clean and sanitary manner and failed to store and maintain frozen foods in a sanitary manner.<br><br>Interview with the Administrator on 6/20/17 at 1:44 PM, outside the conference room, confirmed the failed to maintain the kitchen in a sanitary manner. | F 371  | Job descriptions/responsibilities have been updated to now include responsibility for thoroughly cleaning work/prep table tops and bottom shelves throughout shift (See attached job descriptions - Attachment #1)<br><br>Cleaning schedules were also updated to add deep cleaning of prep tables to include utilizing a sign off sheet to ensure the cleaning is completed properly. (See attached cleaning schedule- Attachment #2)<br><br>Job descriptions/responsibilities have now been updated to include responsibility to wipe down and clean the tray line conveyor after each meal served. (See attached job descriptions - Attachment #3)<br><br>Cleaning Schedules were updated to include the Deep cleaning convection ovens. (See attached cleaning schedule- Attachment #4)<br><br>Cleaning Schedule updated to now states the Dry Storage Room is Deep Cleaned to include wiping off any debris found on storage containers. (See attached cleaning schedule- Attachment #5)<br><br>All dietary staff responsible for cleaning work tables, tray line conveyor, convection ovens and storage containers began being in- |  |  |

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NAME OF PROVIDER OR SUPPLIER

BETHANY CENTER FOR REHABILITATION AND HEALING LLC

STREET ADDRESS, CITY, STATE, ZIP CODE

421 OCALA DRIVE  
NASHVILLE, TN 37211

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served on 6/19/17; in-services will continue through 7/10/17. (See attached in-service – Attachment 6)

The meat slicer was immediately removed from service as it is no longer needed in the kitchen. The dietary manager will monitor equipment needs to ensure all equipment not in use is removed promptly.

The Dietary Manager and Administrator will monitor work tables, the tray line conveyor, convection ovens, dry food storage containers, and equipment usage for 4 weeks beginning 7/3/17 to ensure compliance. The Dietary Manager will report to the QAPI Committee monthly beginning with the monthly meeting scheduled for July 24, 2017. The Dietary Manager will continue reporting for two additional months. After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter.

On June 22, 2017 the Dietary Manager contacted Maynard Select, the freezer maintenance company to determine the cause of ice buildup in the walk-in freezer.

The Maynard Select representative arrived at the facility on June 22, 2017 and conducted an inspection of the walk-in freezer. The representative

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stated there was excessive moisture inside. He explained to Dietary Manager that it could be from door being left opening for long periods of time. He also noticed drain termination outside wasn't sealed correctly allowing warm outside air to be sucked in into evaporation coil. The representative at that time sealed up drain outside. The door sealing was checked and was said to be in good standings. ( See attached Invoice - Attachment 7)

In addition; on June 30, 2017 Dietary Manager purchased Polar Reinforced Freezer/ Refrigerator Strip Door to help decrease the moisture entering the freezer. ( See attached receipt- Attachment 8) Product received on July 5, 2017 and product put in place on July 5, 2017.

The Dietary Manager and Administrator will monitor the freezer for ice buildup on foods and the floor for 4 weeks beginning 7/3/17 to ensure compliance. The Dietary Manager will report to the QAPI Committee monthly beginning with the monthly meeting scheduled for July 24, 2017. The Dietary Manager will continue reporting for two additional months. After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter.